

Sarah Francis Arkward

Town

County

Died *near Sandy Spring* *Montgomery*

MARYLAND

Date *1903 April 27* Y. *8* M. *8* D. *Montg. Med.* Occupation *—*

Male *White* Married *Widow* Divorced *—*

Female *Colored* Single *Widower* Number of children living *—*

Husband
of
Wife

Father's Name *Robert J. Arkward* Mother's Name *Annie E. Arkward*

Cause of Death { Primary *Whooping Cough* How long sick *8*

Death { Immediate Accident, Suicide, Homicide

Reported by *The Parent Robert J. Arkward*

Address *Brighton* *Montg. Co. Md.*
For Robert - by H. C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
FullJames Beckwith
Town
Sumner
County
Munty

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death 1903

Month

4

Day

2

Years

Age

Months

4 mo.

Days

—

Sex

Male

Color or
Race

Negro

Birth-
place

Sugar Land

Married, Single
or Widowed

—

Occupation

Name of Wife or
HusbandFather's
Name

Wm. Beckwith

Father's
Birthplace

Sugar Land

Mother's
Maiden Name

Bertie Garner

Mother's
Birthplace

Lans

Name of person giving
Information

U. W. M.

How related
to deceased

6

CAUSES OF DEATH

Primary

measles

How long

3 da

Immediate

Convulsive Coma

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

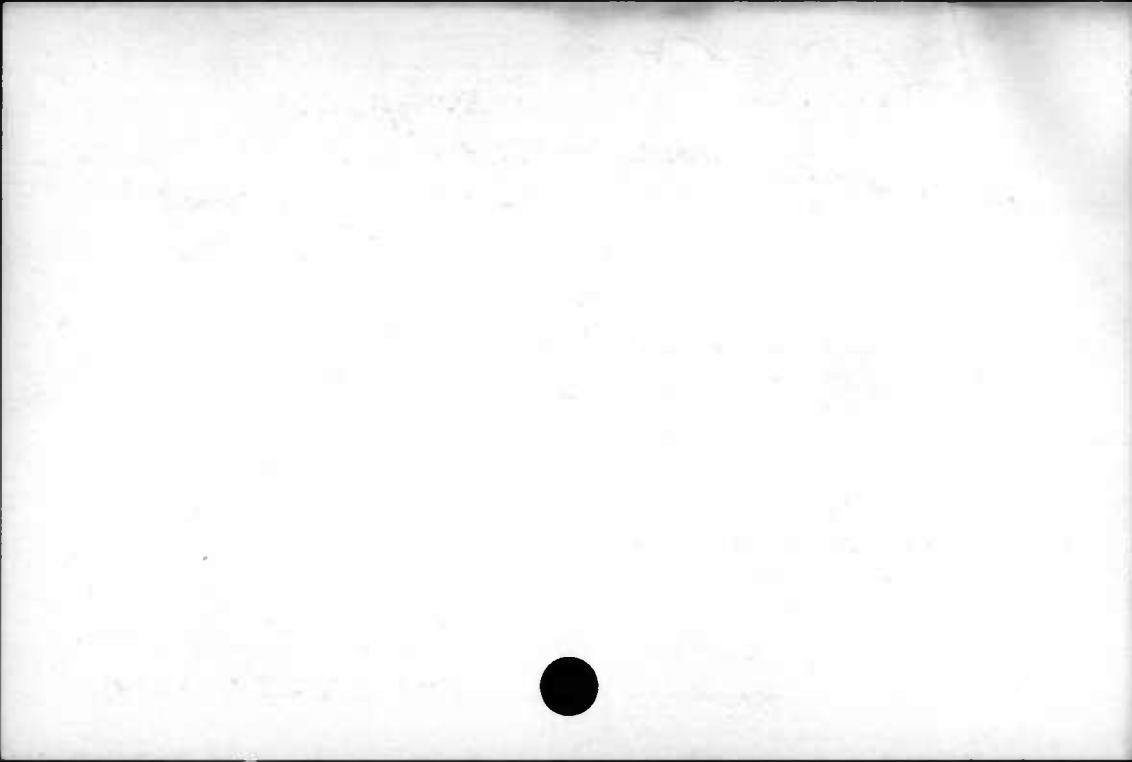
Address

U. W. M. M.D.
Harrisonville Md

Accident or Suicide?

X

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name In Full

Infant

Certificate of Death

Died at ^{Town} Laytonsville ^{County} Montgomery MARYLAND

Date 1903 April 23 Age — — 3

Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's
Maiden Name

Grace Bogely

Cause of Death { Primary Not being able to nurse
 Immediate died of Duodenal

How long sick
 Accident, Suicide, Homicide

Reported by

Address

Joseph T. Currie
 Laytonsville

Montgomery Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 190

Sex

Married, Single
or WidowedName of
HusbandFather's
NameMother's
Maiden NameName of person giving
In formation

Town

Month

Day

Age

Years

Months

Days

Color or
Race

Occupation

Birth-
place

MARYLAND

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONERRebecca Brown
TheatonCounty
Montgomery

April 3

29

Female

Colored

Md.

Married

Housewife

William Brown

Thos. Norris

Lizzie Gettings

Wangunfield Lomas

Father's
Birthplace

Md.

Mother's
Birthplace

"

How related
to deceased

Brother in Law

Pulmonary Tuberculosis
Prostration

How long

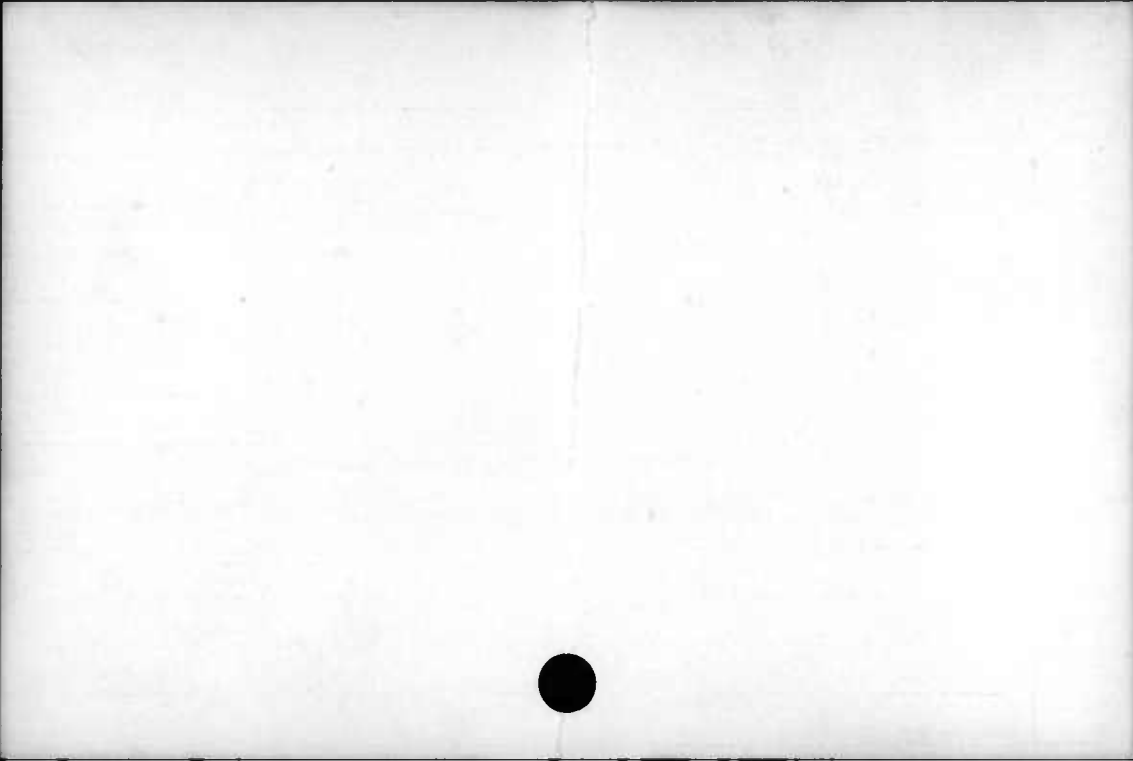
About 2 yrs

How long

H. J. Brown

Burns Mills

Md.



Name

in
Full

CERTIFICATE OF DEATH

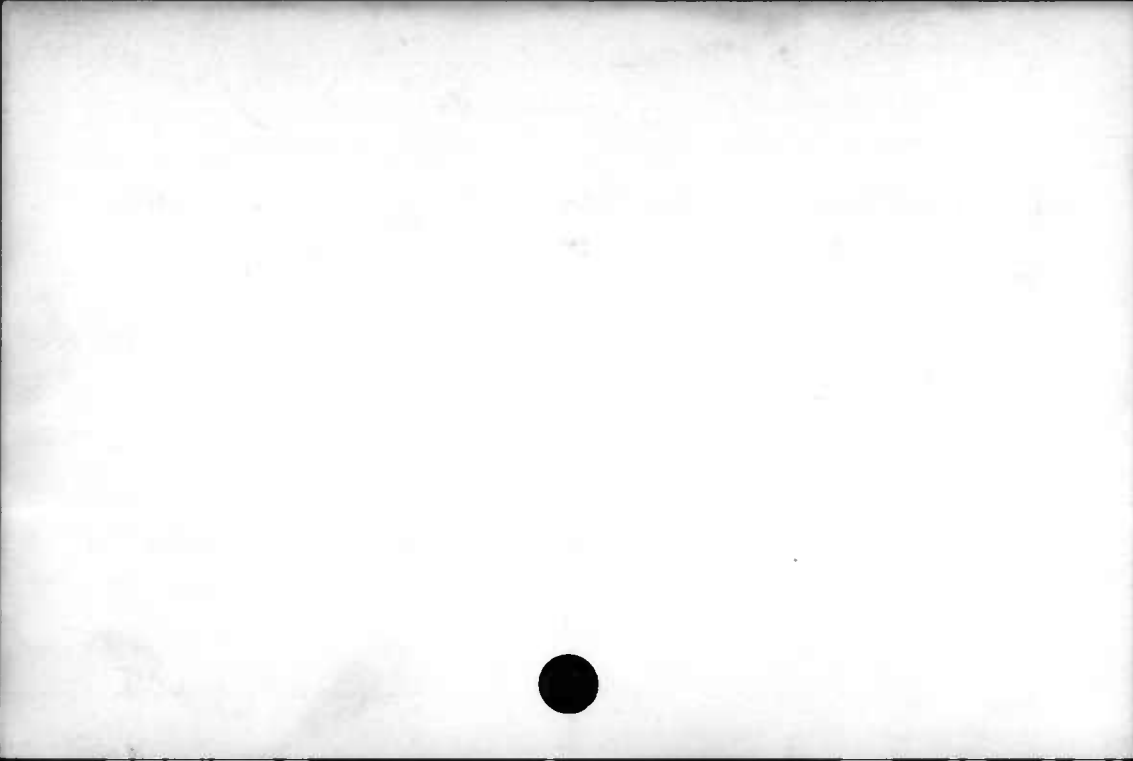
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fairland</i> Town		<i>Moritz</i> County		MARYLAND	
Date of death 1903	Month <i>April</i>	Day <i>16</i>	Age <i>7</i> Years	Months <i>1</i>	Days
Sex		Color or Race <i>Black</i>	Birth-place <i>Maryland</i>		
Married, Single or Widowed <input checked="" type="checkbox"/> Married		Occupation			
Name of Wife or Husband					
Father's Name <i>Levin Burton</i>			Father's Birthplace <i>N. C.</i>		
Mother's Maiden Name <i>Hattie Jones</i>			Mother's Birthplace <i>Mo</i>		
Name of person giving information <i>Levin Burton</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>whoopingcough</i>	How long	<i>8</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. E. Burton</i>	
		Address <i>Spencer</i>	
Accident or Suicide?			



Name
in
Full

Ledia S. Butler

CERTIFICATE OF DEATH

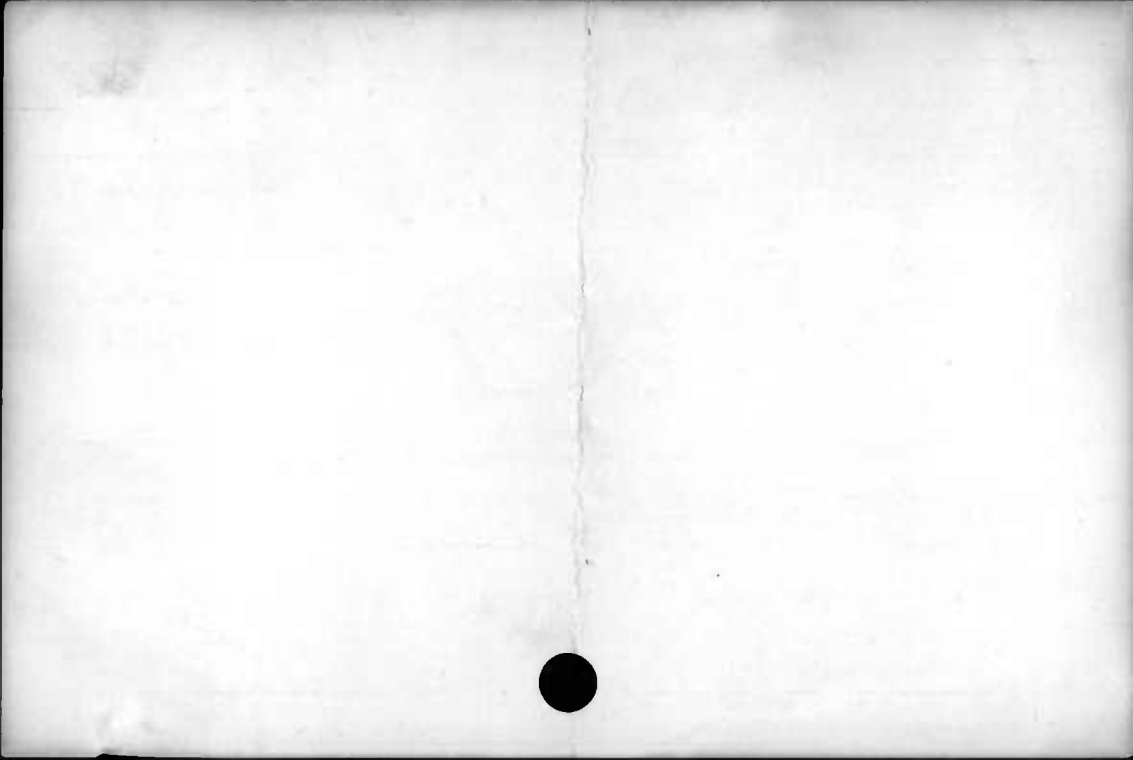
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Leollesville		County Montgomery		MARYLAND							
Date of death 1903		Month April		Day 10		Age 68		Years J		Months		Days	
Sex Female		Color or Race White		Birth- place Dell.									
Married, Single or Widowed		Married		Occupation Housewife									
Name of Wife Husband		Robert Butler											
Father's Name		John Hoover						Father's Birthplace		Dell.			
Mother's Maiden Name		Sarah Mimm						Mother's Birthplace		"			
Name of person giving In formation		Robert Butler						How related to deceased		Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Pulmonary Tuberculosis		How long		3 years	
Immediate		Collapse		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. T. Brown			
Yes.		Address		Burns Mills			
Accident or Suicide?							



Name In Full

Certificate of Death

Lucy Cambel

Town

County

Died at

Unity

Montgomery

MARYLAND

Date

1903

Month

Apr

Day

18

Age

105

Native of

Maryland

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

1

~~Husband~~ of

Wife

Henry Cambel

Father's

Name

Mother's

Name

Cause of

Primary

154

How long sick

24 hours

Death

Immediate

Det ap

Accident, Suicide, Homicide

Reported by

G A Wallace

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70501

Attended by Dr......

of.....

Seen by Coroner.....

of.....

Information contained in this certificate received

from.....

of.....



Hattie P. Cosh

Died at ^{Town} Sandy Spring ^{County} Montgomery MARYLAND

Date 1903 April 28 Age 22-6-15 Native of Montg. Co. Md. Occupation Labourer
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 1

Husband
 of

Wife
 Father's
 Name

James Cosh

27
 Mother's
 Name

Rachel Cosh

Cause of { Primary Tuberculosis of Lungs How long sick about 2 years

Death { Immediate Asthenia & Hemorrhage. Accident Suicide, Homicide

Reported by

Chas. Ferguson, M.D.

Address

Olney Montg. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Mr. Hale Davidson

Town *Silver Spring* County *Montgomery* MARYLAND

Died at *Silver Spring*

Date 19 *03* Month *4* Day *2* Y. *57* M. *Mass.* D. *Clerk*

Male *White* Married *Widow* Divorced *one*

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *one*

Husband of *Emma C. Davidson*

Wife of *Emma C. Davidson*

Father's Name *Francis Davidson* Mother's Maiden Name *Isabel Hale*

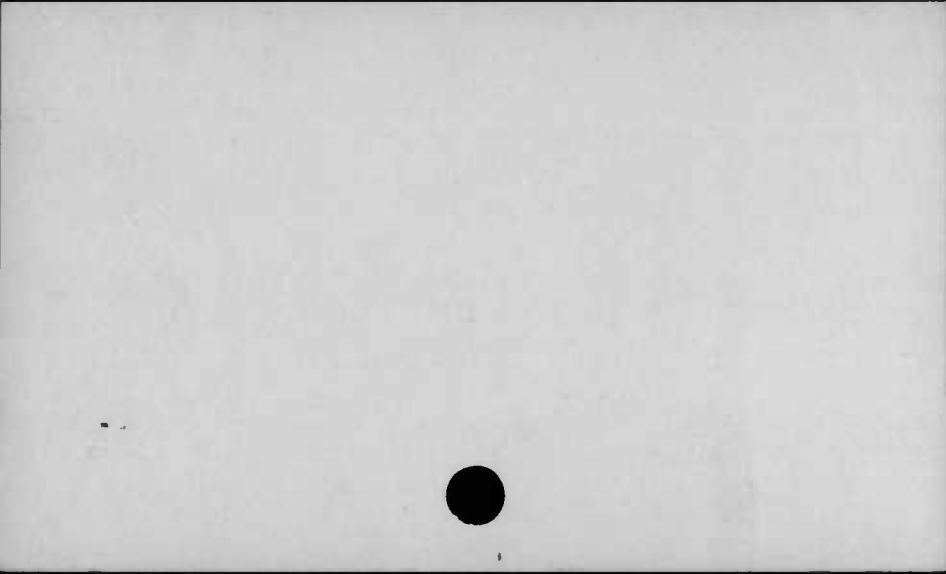
Cause of Death Primary *Cerebral Apoplexy* How long sick *64*

Death Immediate *Cerebral Apoplexy* Accident, Suicide, Homicide

Reported by *Alfred J. Carlone M.D.*

Address *Takoma Park, D.C.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

George Walter Fitchall

Town

County

Died at Bolesville

Montgomery

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 1903

April 14

Age 52

Md Farmer

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's Name John F Fitchall

Mother's Maiden Name Mary Poole

Cause of Primary Tuberculosis

How long sick

9 years

Death Immediate

Accident, Suicide, Homicide

Reported by A D Nowell

Address Dawsonville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Sybrian H. Greene

Town

County

Died at

MARYLAND

1903

Month

Day

Y.

M.

D.

Native of

Occupation

Date

April 14

Age

64.7.13

N.Y.

Merchant

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Husband

of

Sarah A. Greene

Father's

Mother's

Name

Name

Cause of

Primary

Gen. Debility

179

How long sick

6 weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Wm L. Lewis M.D.

Address

Kensington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1903



Name
in
Full

Raymond Helious

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

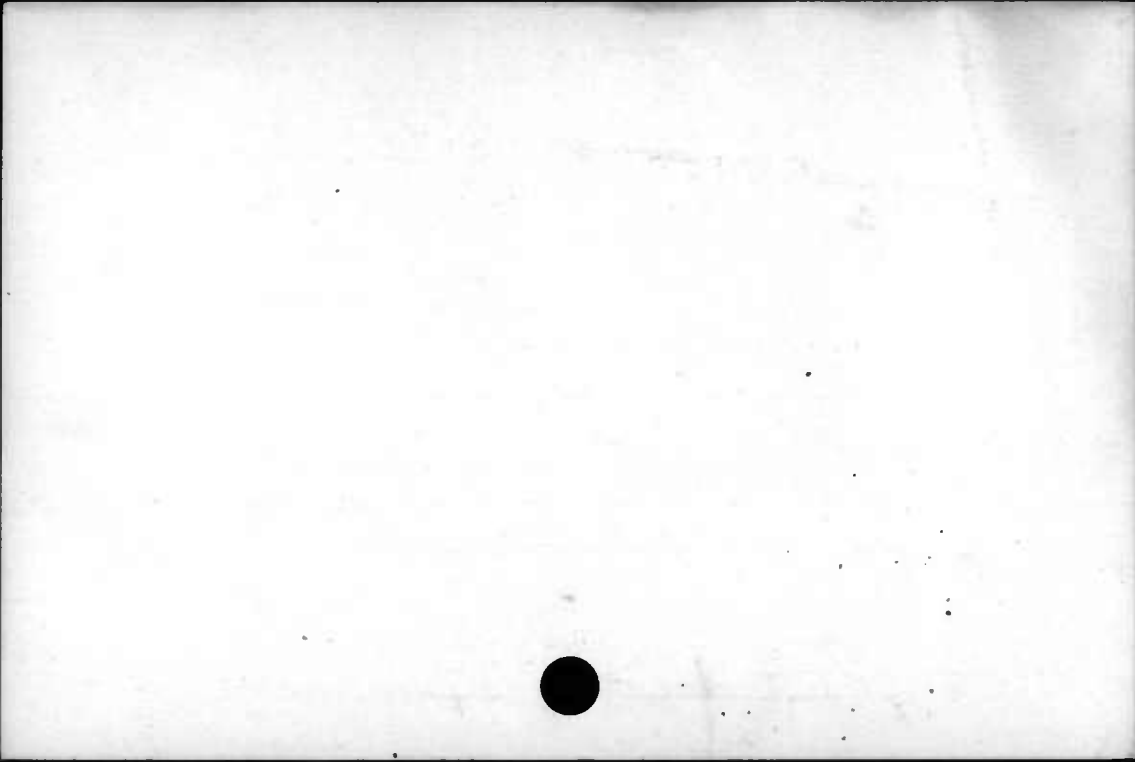
MARYLAND

Died at		Town		County			
Sugor Land				Munty			
Date of death	190	3	Month	4	Day	4	Age
						Year	
						3	
Sex	Male		Color or Race	Negro		Birth-place	Same
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Tilman Helious				Same			
Mother's Maiden Name				Mother's Birthplace			
Helen Johnson				Barnesville Md			
Name of person giving information				How related to deceased			
U. D. H.							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid & measles	How long	3 weeks
Immediate	Bestoma	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	U. D. House M. D.
		Address	Barnesville Md
Accident or Suicide?			



Susan A Helions

Town

County

Died at

MARYLAND

Date 19

08

Month

Day

4 28

Y.

M.

D.

Age

15 - -

Native of

Ind

Occupation

-

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's Name

Patricks Helions

Mother's

Maiden Name

Mahilda Helions

Cause of

Primary

Typhoid Fever

How long sick

3 weeks

Death

Immediate

Subdural hemorrhage - Arterial

Accident, Suicide, Homicide

Reported by

U. D. House Tr. D. Mid

Address

Hansenville Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

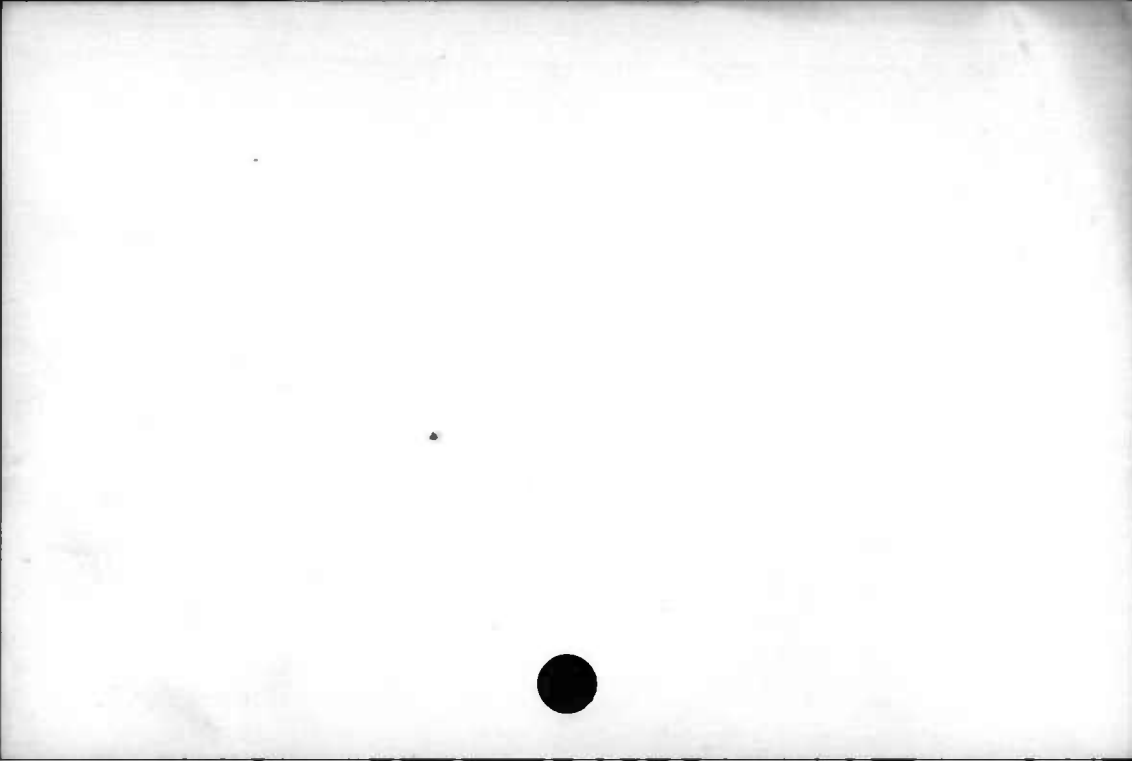
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Colesville</i>		Town		<i>Montgomery</i>		County	
Date of death 1903		Month <i>April</i>	Day <i>2</i>	Age <i>79</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>Irish</i>		Birth-place <i>Ireland</i>			
Married Single or Widowed				Occupation <i>Farmer</i>			
Name of Wife or Husband							
Father's Name				Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name				Mother's Birthplace <i>Ireland</i>			
Name of person giving information <i>Kate Kulpine</i>				How related to deceased <i>Daughter in law</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Stomatitis</i>	How long <i>2 months</i>
Immediate <i>Heart failure</i>	How long <i>154</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. E. Patterson</i>
	Address <i>Spencer, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

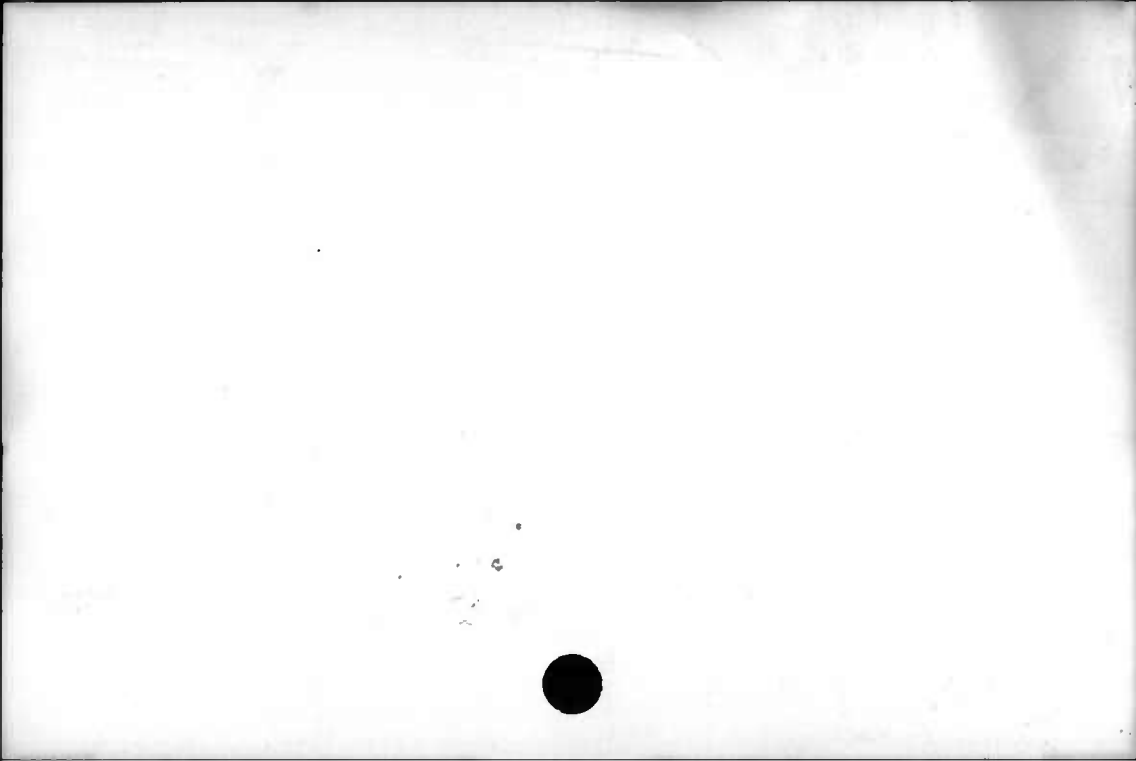
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Poolersville</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
Date of death <i>1903</i>	<i>4</i> <small>Month</small>	<i>28</i> <small>Day</small>	<i>6</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Poolersville</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Dennis Jones</i>			Father's Birthplace <i>Poolersville</i>		
Mother's Maiden Name <i>Mary Davis</i>			Mother's Birthplace <i>"</i>		
Name of person giving Information <i>Mother</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>24 da.</i>
Immediate <i>Cerebral embolus</i>	How long <i>5 da.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>U. D. House M.D.</i>
	Address <i>Dawsonville, Ga.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lawrence W. Seizgar

Died at

Spencerville

Town

Montgomery

County

MARYLAND

Date

of death 1903

Month

April

Day

27

Years

Age

Months

7

Days

25

Sex

Male

Color or
Race

white

Birth-
place

MD

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

Neahie Seizgar

Father's
Birthplace

MD

Mother's
Maiden Name

Lillie Bryson

Mother's
Birthplace

MD

Name of person giving
Information

Lillie Seizgar

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Meningitis

61

How long

7 days

Immediate

convulsions

Are the name, age, sex, color, date
and place correctly given above?

y

Signature of
Physician

J. R. Barton

Address

Spencerville

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Died at

Date

Male

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Arthur Mable Kennerly

Kensington

County

Montgomery

MARYLAND

1904 Apr 2

Age 57

Native of

France Artist

Occupation

White

Married

Widow

Divorced

Number of children living

2

Husband of

Father's

Name

Mother's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name
in
Full

Annie McPhearson

CERTIFICATE OF DEATH

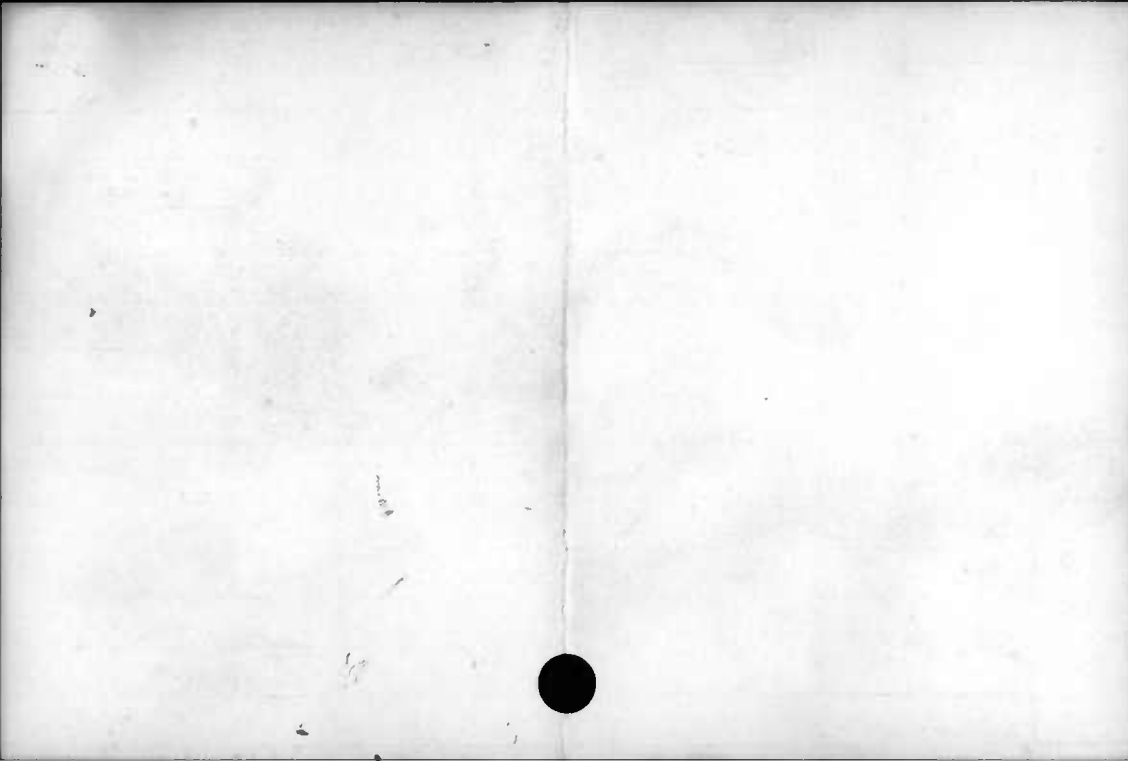
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Leesville		County Montg		MARYLAND					
Date of death 1903		Month April		Day 1		Age Years 3		Months		Days	
Sex Female		Color or Race Colored		Birth- place Md.							
Married, Single or Widowed		Single		Occupation None							
Name of Wife or Husband											
Father's Name		Chas. McPhearson				Father's Birthplace		Md.			
Mother's Maiden Name		Berthe Nelson				Mother's Birthplace		"			
Name of person giving In formation		David Nelson				How related to deceased		Uncle			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Pertussis		8		How long		Several weeks	
Immediate		Convulsions				How long			
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		H. T. Brown / Md.			
Yes				Address		Burr Millers			
Accident or Suicide?						X Md.			



Name
in
Full

Aunie Mulligan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Tanta Park Montgomery

MARYLAND

Date

of death 1903

Month

April

Day

22

Age

Years

3

Months

2

Days

19

Sex

Female

Color or
Race

White

Birth-
place

Md

Married, Single
or Widowed

Single

Occupation

None

Name of Wife or
HusbandFather's
Name

Mr. Mulligan

Father's
Birthplace

Md

Mother's
Maiden Name

Lizzie Blundon

Mother's
Birthplace

Md

Name of person giving
informationHow related
to deceased

'

CAUSES OF DEATH

Primary

Myocardial

How long

4 days

Immediate

Pneumonia

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

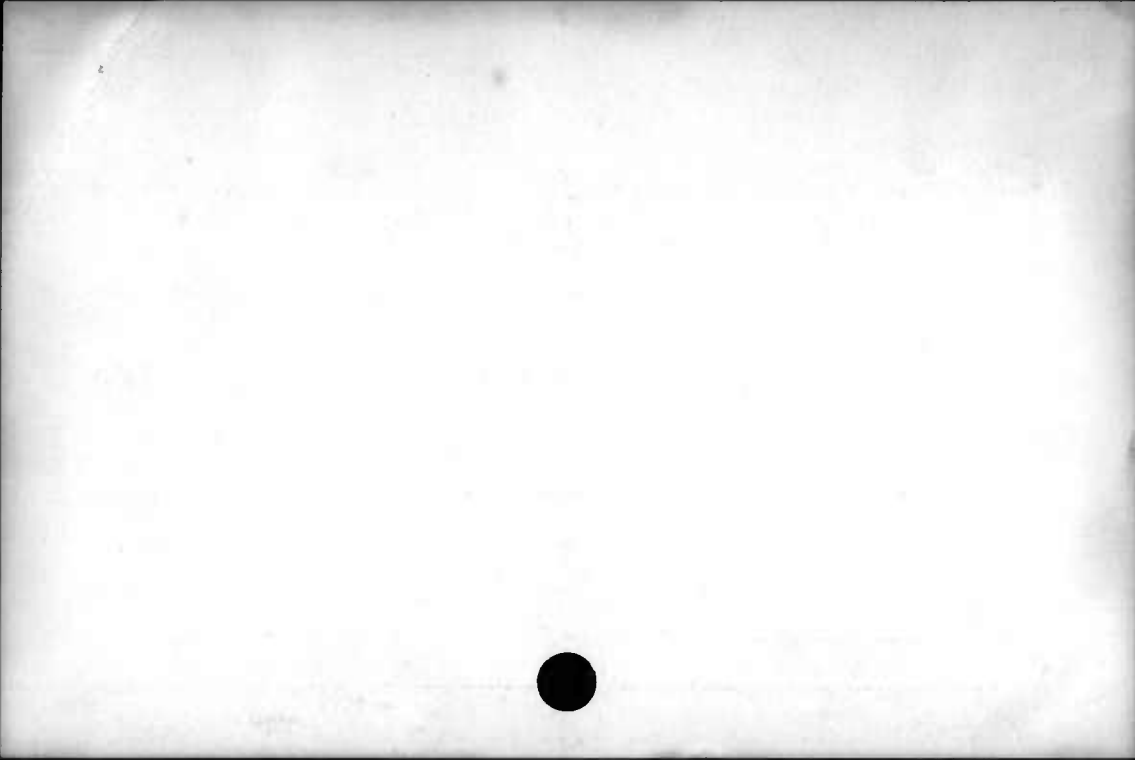
C. J. Jones Md

Address

Kilmerington

Accident or Suicide?

Md



Name in Full

Certificate of Death

Isabella Thornton

Town

County

Died at

Brookville

Montgomery

MARYLAND

Date 1893 ^{Month} Apr. ^{Day} 27 ^{Y.} 1 ^{M.} 2 ^{D.} 2 ^{Native of} Brookville ^{Occupation} _____
~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Divorced~~
~~Female~~ ^{Colored} ^{Single} ~~Widower~~ ~~Number of children living~~

Husband
of
Wife

Father's
Name Beverly Thornton

Mother's
Name Elizabeth Thornton

Cause of { Primary Measles

How long sick
2 weeks

Death { Immediate Pneumonia

Accident, Suicide, Homicide

Reported by Aug. Stabler

Address Brighton Montg. Co., Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU



Henry B. Vines

Died at ^{Town} Prossville ^{County} Montgomery

MARYLAND

Date 1903 April 13 Age 69 Y. M. D. Native of Md Occupation Farmer

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of

Wife

Father's Name J. S. Vines 154 Mother's Maiden Name Chamon Root

Cause of Death { Primary Aged age Immediate Acute Indigestion

How long sick

Accident, Suicide, Homicide

Reported by

Address

J. S. Pool

Prossville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Joseph Warren*
 Died at *North* *Montgomery* *MARYLAND*
 Date *1903* Month *4* Day *23* Y. *84* M. *1* D. *1* Native of *Maryland* Occupation *Laborer*
 Male *White* Married *Widow* *Divorced*
~~Female~~ *Colored* ~~Single~~ *Widower* Number of children living *8*

Husband of *Susan Warren*
 Wife

Father's Name *—* Mother's Name *—*

Cause of Death { Primary *Pneumonia* 93 How long sick *4 weeks*
 Immediate *Heart Exhaustion* Accident, Suicide, Homicide

Reported by *Roger Brooks*

Address *Sandy Spring Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Mrs Mary E Waters

Died at ^{Town} Goshen ^{County} Montgomery

MARYLAND

Date 1903 ^{Month} Apr ^{Day} 24 ^{Y.} ^{M.} ^{D.} Age 89 1 ^{Native of} Ind ^{Occupation} _____

~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Divorced~~
~~Female~~ ^{Colored} ~~Single~~ ^{Widower} Number of children living 2

Husband of Ignatius Waters

Wife's Name Lat Luthicum

Mother's Name Miss Griffith

Cause of Death { Primary Old age
 Immediate Asphyxiation } 54

How long sick Several months

~~Accident, Suicide, Homicide~~

Reported by J H Dyson

Address Raytownville Montgomery Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

George Robert Dorsez Williams

Town

County

Died near

Olney

Montgomery

MARYLAND

Date 1903 April 3

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903 April 3

Age - 5-20 Montg. Co. Md.

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

(Illegitimate.)

Mother's

Name

Edith-Elizabeth Williams

Cause of

Primary Congenital Syphilis, Measles

How long sick

Several months

Death

Immediate Catarrhal Pneumonia

~~Accident, Suicide, Homicide~~

Reported by

Chas. Farquhar, M.D.

Address

Olney, Montg. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

